



Washington State Department of Agriculture  
Food Safety & Animal Health Division  
Office of the State Veterinarian  
PO Box 42577  
Olympia WA 98504-2577  
(360) 902-1878

CASHIER USE ONLY

## APPLICATION FOR AN INDEPENDENT COLLECTOR LICENSE

4003

FEE: \$50.00

| APPLICANT INFORMATION   |                 |                                 |  |                    |
|---|-----------------|---------------------------------|--|--------------------|
| NAME OF OPERATOR  |                 |                                 | TELEPHONE NUMBER<br>( )  |                    |
| FIRM NAME   |                 |                                 |  |                    |
| MAILING ADDRESS   |                 |                                 | PHYSICAL LOCATION OF PREMISES  |                    |
| MAILING CITY, STATE, ZIP  |                 |                                 | PHYSICAL LOCATION CITY, STATE, ZIP                                       |                    |
| NAME OF FIRM DEAD ANIMALS WILL BE DELIVERED TO  |                 |                                 | TELEPHONE NUMBER<br>( )  |                    |
| VEHICLE INFORMATION   |                 |                                 |  |                    |
| COMPLETE ADDRESS WHERE VEHICLES WILL BE GARAGED   |                 |                                 |  | NUMBER OF VEHICLES |
| VEHICLE #1 YEAR MODEL   | VEHICLE #1 MAKE | VEHICLE #1 LICENSE NUMBER/STATE | VEHICLE #1 DESCRIPTION   |                    |
| VEHICLE #2 YEAR MODEL   | VEHICLE #2 MAKE | VEHICLE #2 LICENSE NUMBER/STATE | VEHICLE #2 DESCRIPTION   |                    |
| VEHICLE #3 YEAR MODEL   | VEHICLE #3 MAKE | VEHICLE #3 LICENSE NUMBER/STATE | VEHICLE #3 DESCRIPTION (ATTACH ADDITIONAL SHEET IF MORE THAN 3 VEHICLES) |                    |
| COLLECTION TERRITORY INFORMATION  |                 |                                 |  |                    |
| CITIES TO BE SERVICED   |                 |                                 | COUNTIES TO BE SERVICED  |                    |
| APPLICANT CERTIFICATION   |                 |                                 |  |                    |
| I hereby certify that animals or animal parts <b>will not be unloaded</b> until delivered to the rendering plant specified above, and/or substation or place of transfer. I understand that <b>all licenses expire June 30<sup>th</sup></b> of each year. |                 |                                 |  |                    |
| SIGNATURE OF APPLICANT  |                 |                                 | DATE SIGNED  |                    |

Make check or money order payable to: **WSDA**

Mail this application with remittance to: **Washington State Department of Agriculture  
State Veterinarian  
PO Box 42591  
Olympia WA 98504-2591**